| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | Application or Docket Number $(0)55500>$ | | | |
|--|---|--|---------------------|--|----------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2 | | (Column 2) | SMALL ENT TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
| U.S. NATIONAL STAGE FEES | | , | RATE | FEE | • | RATE | FEE |
| BASIC FEE | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100 | - All other situations = \$ 100 / \$ 200 | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | U.S. is ISA = \$50 / \$ 100 ALL other countries = \$200 / \$400 | | SEARCH FEE | _ | ` , | SEARCH FEE | 409 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = | X \$ 125 = | | 1 ' | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | (ð minus 20 = | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | } minus 3 = | * | X \$ 100 = | | OR | X \$ 200 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRE | ESENT | | + \$ 180 = | | OR | + \$ 360 = | 1 |
| * If the difference in column 1 is le | ess than zero, enter "(| 0" in column 2 | TOTAL | | OR | TOTAL | |
| CLAIMS AS A (Column 1) CLAIMS REMAINING AFTER | AMENDED - PART (Colum HIGH NUM PREVIO | Imn 2) (Column 3) HEST IBER PRESENT | SMALL EI | ADDI- TIONAL | OR | OTHER SMALL E | |
| | . PAID | FOR | | FEE | | | FEE |
| OZ TOTAL | Minus ,. ** | = | X \$ 25 = | | OR | X \$ 50 = | <u> </u> |
| | Minus *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| FIRST PRESENTATION OF MU | JLTIPLE DEPENDENT (| CLAIM | + \$ 180 = | | OR | + \$ 360 = | |
| • | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | |
| (Column 1) | (Colum | mn 2) (Column 3) | | | | | |
| CLAIMS REMAINING M - AFTER | HIGHI NUME PREVIO PAID F | IBER PRESENT OUSLY EXTRA | RATE | ADDI- TIONAL FEE | [| RATE | ADDI- TIONAL FEE |
| Total * Independent * I | Minus ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| Independent * | Minus *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| FIRST PRESENTATION OF MU | JLTIPLE DEPENDENT (| CLAIM | + \$ 180 = | | OR | + \$ 360 = | · |
| | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the | | | | | | • | |

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.